

**New Hampshire Flames, Inc.  
Medical and Liability Release**

Players

Name: \_\_\_\_\_  
Last Name First Name MI.

Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_ Email Address \_\_\_\_\_

**Medical and Liability Release:**

I understand that my child's participation in the New Hampshire Flames, Inc. Girls Basketball Organization, involves risks and danger of serious and permanent bodily injury and death. I, as parent or guardian, hereby release, hold harmless, discharge and agree not to sue the New Hampshire Flames, Inc, its directors and officers from all liability from participation in these and other New Hampshire Flames, Inc. related travel, lodging, social and recreational activities.

I also give permission to the New Hampshire Flames, Inc. organization, to provide emergency medical transportation and authorize emergency, medical treatment for:

\_\_\_\_\_  
Child's Last Name First Name MI

**My child's physician is:**

\_\_\_\_\_  
Print Physicians Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code ( ) Area Code Phone Number

Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**Parent/Guardian**

Are you aware of any medical condition that may interfere with or impair the Player's ability to participate in an AAU competitive basketball game or tournament? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes" please explain

\_\_\_\_\_

To my knowledge, unless stated above, the player currently has no medical restriction or condition which interferes with or impairs the player's ability to participate in the AAU competitive basketball game or tournament.

\_\_\_\_\_  
Print Name (Parent/Guardian) Signature (Parent/Guardian) Date

\_\_\_\_\_  
City State Zip Code ( ) Area Code Phone Number